



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavista.gov/rec

373 Park Way • (619) 691-5083



Babysitter's Training

*This American Red Cross Certification Course will help participants develop skills in leadership and professionalism, basic care, safety and safe play, and first aid.**
(Both classes must be attended in either session for certification.)

Parkway Community Center

373 Park Way • (619) 691-5083

Dec 12 & 19 • 9 AM - 12 PM

#3116.463

*Reviewed and supported by the U.S. Consumer Product Safety Commission, Girl Scouts, Boy Scouts, YMCA, Boys and Girls Club and 4 H



\$55 Resident / \$69 Non-Resident

This class is intended for youth ages 11 - 15 years.

REGISTRATION FORM *Babysitter's Training*

Circle Class # 3116.463

Participant:

Age:

Birth Date:

Address:

City:

Zip:

Day Phone:

Evening Phone:

Emergency Phone:

I _____ (REGISTRANT), and I _____ *(parent/guardian),

hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature:

Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.